

Criminal Case Cover Sheet

Place of Offense:	Category No. <u>II</u>	Investigating Agency <u>VA-OIG</u>
City <u>Bedford</u>	Related Case Information:	
County <u>Middlesex</u>	Superseding Ind./ Inf. <u>U.S. DISTRICT COURT</u>	Case No. <u>17-mj-7219-JCB</u>
	Same Defendant <u>DISTRICT OF MASS</u>	New Defendant _____
	Magistrate Judge Case Number <u>17-mj-7219-JCB</u>	Search Warrant Case Number _____
	R 20/R 40 from District of _____	

Defendant Information:

Defendant Name <u>Michael Sexton</u>	Juvenile: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Is this person an attorney and/or a member of any state/federal bar: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Alias Name _____		
Address <u>(City & State) Bedford MA</u>		
Birth date (Yr only): <u>1959</u> SSN (last4#): <u>3253</u>	Sex <u>M</u>	Race: <u>B</u>
		Nationality: <u>U.S.</u>

Defense Counsel if known: <u>Victoria Kelleher</u>	Address <u>1 Marina Park Drive</u>
Bar Number _____	Suite 1410
Boston, MA 02210	

U.S. Attorney Information:

AUSA <u>Nicholas Soivilien</u>	Bar Number if applicable <u>675757</u>
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Interpreter: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	List language and/or dialect: _____
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Victims: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, are there multiple crime victims under 18 USC§3771(d)(2) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Matter to be SEALED: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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<input type="checkbox"/> Warrant Requested	<input checked="" type="checkbox"/> Regular Process	<input type="checkbox"/> In Custody
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Location Status:

Arrest Date <u>12/27/2017</u>

Already in Federal Custody as of _____ in _____.

Already in State Custody at _____ Serving Sentence Awaiting Trial

On Pretrial Release: Ordered by: Mag, Judge Donald L. Cabell on 02/26/2018

Charging Document:	<input type="checkbox"/> Complaint	<input checked="" type="checkbox"/> Information	<input type="checkbox"/> Indictment
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Total # of Counts:	<input type="checkbox"/> Petty _____	<input type="checkbox"/> Misdemeanor _____	<input checked="" type="checkbox"/> Felony <u>4</u>
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Continue on Page 2 for Entry of U.S.C. Citations

I hereby certify that the case numbers of any prior proceedings before a Magistrate Judge are accurately set forth above.

Date: 02/28/2018



Signature of AUSA: Nicholas Soivilien

District Court Case Number (To be filled in by deputy clerk): _____

Name of Defendant Michael Sexton

U.S.C. Citations		
Index Key/Code	Description of Offense Charged	Count Numbers
Set 1 <u>21 U.S.C. §841(a)(1)</u>	Distribution of a Controlled Substance	<u>1 - 4</u>
Set 2 <u>21 U.S.C. § 853</u>	Drug Forfeiture	
Set 3 _____	_____	_____
Set 4 _____	_____	_____
Set 5 _____	_____	_____
Set 6 _____	_____	_____
Set 7 _____	_____	_____
Set 8 _____	_____	_____
Set 9 _____	_____	_____
Set 10 _____	_____	_____
Set 11 _____	_____	_____
Set 12 _____	_____	_____
Set 13 _____	_____	_____
Set 14 _____	_____	_____
Set 15 _____	_____	_____
ADDITIONAL INFORMATION: _____		

